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CONFIRMATION NO. 1249

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Checked*  
 This application is a CON of 09/687,815 10/13/2000 PAT 6,817,508  
*NC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*  
*NC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 23	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NC</i>	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS  
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TITLE  
 Surgical stapling device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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